

APPLICATION FOR CLUB RECOGNITION

Name of proposed club/organization: _____

Type of club/organization: Sports Academic Social Religious Political Cultural

CONTACT INFORMATION OF APPLICANT(S)

You must provide two different contacts for your club/organization.

PRIMARY CONTACT

Name: _____ Telephone: _____
 Position: _____ Address: _____
 Email: _____

SECONDARY CONTACT

Name: _____ Telephone: _____
 Position: _____ Address: _____
 Email: _____

SUPPORTING SIGNATURES

This section is to be completed by students of Glendon College who are in good standing.

We, the undersigned students of Glendon College, hereby support the founding of the above named club/organization.

Name	Student Number	Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

** Student organizations must have a minimum of ten (10) supporting signatures in order to be considered for recognition.

CONFIRMATION OF ACCURACY

This section is to be completed by the President of the proposed club/organization.

I, the undersigned, confirm that the information submitted on this form is complete and accurate to the best of my knowledge. Further, I understand and agree to conform to the rules and regulations by which clubs and organizations at Glendon College must abide.

Date (mm/dd/yy)

Name

Signature